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|---|----|
| <b>OFFICIAL U.S. MAIL</b>                         |    |
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To **Shaun Head #043-006**  
Street, Apt. No.: 04125  
or PO Box No. 25  
City, State, Zip: 1429 Coffmans Ave  
MARYSVILLE, OH. 43040

2002 2510 0000 6348 7875  
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**CERTIFIED MAIL**

U.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT  
MAIL ONLY  
NO INSURANCE COVERAGE PROVIDED